

34 E. State St. Mt Morris, NY 14510
12 Allen St, Hornell, NY 14843

p: 585.585.447.8584
e: child.services@dor.org



Children Behavioral Health Home & Community Based Services and CFTSS Referral Form

All HCBS referrals still need to be entered in IRAMS database by Health Home Care Manager

Date of Referral: _____

Referring Person	First Name		Last Name	
	Agency Name		Phone #	
	Address		E-mail	
HH Care Mgr/ Service Coordinator Information	First Name		Last Name	
	Agency Name		Phone #	
	Address		E-mail	
Youth Participant Information	First Name		Last Name	
	CIN. #		Address	
	Phone #		Alt. Phone #	
	Grade		Date of Birth	
	Prim. Language			
Participant Parent Information	Parent/Guardian 1 Name		Policy ID #	
	Parent/Guardian 2 Name		Telephone Number	
	Parent E-mail		Telephone Number	
	Prim. Diagnosis & ICD 10 Code		Secondary Diagnosis & ICD 10 Code	
Any Known Safety Concerns? (Criminal Record, History of Violence, Weapons in the Home, Sex Offender, Bed Bugs, etc.):				N/A

HCBS Service(s):

CFTSS Service(s):

Caregiver/Family Advocacy and Support Services	Psychosocial Rehabilitation/youth skillbuilding
Pre-Vocational Services	Family Peer Support & Services
Planned Respite	Youth Peer Support (not currently available)
Supportive Employment	
Crisis Respite (limited basis/when available)	Livingston Non-Medicaid Skillbuilding

Any Identified Service Restrictions Surrounding Client Availability?

N/A

MEDICAL NECESSITY FORM MUST BE RECEIVED WITH REFERRAL FORM FOR INTAKE PROCESS TO BEGIN.

Date Received

Date assigned

LPHA

Auth form

Worker